

PRINT LEGIBLY

CITY OF HARTFORD

VENDOR NO#

DEPARTMENT OF LICENSES & INSPECTIONS

APPLICATION FOR LICENSE TO PEDdle

(Temporary Vendor list
date(s):

LICENSE NOT TRANSFERABLE

1) NAME (FIRST) (MIDDLE) (LAST)

2) HOME ADDRESS (NO.) (STREET) (CITY) (STATE) (ZIP)

3) LOCAL OR
BUSINESS ADDRESS (NO.) (STREET) (CITY) (STATE) (ZIP)

4) HOME PHONE BUSINESS PHONE

5) AGE DATE OF BIRTH HEIGHT WEIGHT

6) MALE FEMALE HAIR COLOR PLACE OF BIRTH

7) VEHICLE MAKE YEAR PLATE NO.#

8) COLOR OF VEHICLE SS# DL#

9) NAME OF VENDING FIRM OR EMPLOYER

10) ADDRESS TEL. NO.
(NO.) (STREET) (CITY) (STATE) (ZIP)

11) PRODUCTS VENDING

12) MANNER OF DISPENSING PRODUCTS? VEHICLE PUSH CART

13) ARE YOU SELF EMPLOYED? YES NO LENGTH OF TIME

14) SALES TAX CERTIFICATE NUMBER

15) IF FOOD VENDOR: HEALTH LICENSE NUMBER

16) IF UNPACKAGED FRUITS & VEGETABLES, HAS YOUR SCALE BEEN INSPECTED BY
THE WEIGHTS & MEASURES AT CITY HALL? YES NO

I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and understand that if I or any of my employees are arrested for sale or use of illegal drugs that such arrest is grounds for immediate revocation of my food licenses and notification to the State and Federal agencies.

I am aware and do

THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS THE TRUTH. I AGREE THAT IF I HAVE FALSIFIED, MISREPRESENTED, OR OMITTED ANY ITEMS IN THIS APPLICATION, I WILL NOT BE ENTITLED TO THE VENDOR'S PERMIT SOUGHT.

SIGNATURE DATE